

US Decisions Inc.
An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

X.

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X with a date of injury X at work sustaining a X. However, the biomechanics of the injury was not included in the records. X was diagnosed with X.

On X, X was seen by X, MD for follow-up of X. X reported sustaining a X. X was treated X. X had difficulty X. The pain was rated X. X were hurting the most. X also reported some X. X examination of the X. X had X. X was subjectively X. The X refill was X. The assessment was X. X was recommended.

X-rays of the X dated X showed X. X-rays of the X on X showed X. Some X was noted. X appeared to be X. X study on X showed X.

The treatment to date included X.

Per a determination review letter dated X by X, MD, a request for X was not certified. Rationale: “There are X. Without additional information, this request is not medically necessary.”

Per a reconsideration review letter dated X by X, MD, a request for X was not certified. Rationale: “X for this claimant are not provided. Although there is stated to be X. There are X provided with any measurement of the X. Without this information, this request remains not medically necessary.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The ODG supports X. Based on the clinical documentation provided, the injured worker sustained a X. They presented at approximately X. They also report associated pain that is rated X. On examination, there is a X. The radiology report from X confirm the presence of a X. While the prior reviewer indicated that the X were not provided, they are in fact inserted within the clinical progress note. Additionally, while there are X supplied regarding the degree of X. As there is evidence of X that is causing X. Utilization of the X. Based on the ODG recommendations and available information, X is medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards

- Mercy Center Consensus Conference Guidelines**
- Milliman Care Guidelines**
- ODG-Official Disability Guidelines and Treatment Guidelines**
- Pressley Reed, the Medical Disability Advisor**
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters**
- TMF Screening Criteria Manual**
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)**
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)**

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

**Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744**

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.